

Employer Appeals Filing

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Please fill in the fields below to begin filing an appeal with the Virginia Employment Commission. This form is for an employer filing an appeal concerning an award of benefits to a former employee.

Employer Information

I am appealing * Notice of Deputy's Determination
Decision of Appeals Examiner

Date of Mailing * Month

Day

Year

Employer Name *

Person to Contact Regarding Appeal *

Contact Telephone Number *

(Enter XXX-XXX-XXXX)

Claimant Social Security Number *

(Enter XXX-XX-XXXX)

Claimant Name *

Reason for Appeal *

If filing after final date as noted on Deputy Determination or Appeals Examiner decision - Please explain: *

Attach Documentation

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